

**CERTIFICATE AMENDED
SEE NOTATION**

*Name added and item 8 corr. by affidavit of
Regist. Agents, and baptismal record (8-14-68) (me)*

**ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH**

State File No. *1640*
Registered No. *185*

1. PLACE OF BIRTH

County *Gila*

District or Township

City *Miami*

State *Arizona*

or Village

No. *3301*

Turkey Shoat St., Ward

2. Full name of child *Maria Catalina Aceves*

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

Female

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

Month Day Year

Apr-30-1928

8.

FATHER

Full name

Jesus Aceves

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday *28* (Years)

12. Birthplace (city or place)

(State or country)

*Jalisco
Mex.*

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Refugio de Luna

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday *24* (Years)

18. Birthplace (city or place)

(State or country)

*Jalisco
Mex.*

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein
certified and including this child).

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum.

Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was *born alive*.

at *12:30 P.*

m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Cyril M. Brown M.D.

Physician

(Physician or midwife).

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

May 12, 28

E. E. Jones

Registrar.

Registrar.

412-430-941